

## Attachment C: Health Benefit Plans

### Health Benefit Plans

<b>State Plan Services</b>	<b>Medicaid Adult Benefits Waiver Benefits—Amendment Populations</b>
<b>Groups Covered under the Plan</b>	TANF-Related Adults (Parents, TMA, Caretaker Relatives Special N and Non-Disabled 19 & 20 Year Olds)
<b>Implementation Vehicle/Date</b>	Amendment to the Medicaid Adult Benefits Waiver, <b>May 1, 2004</b>
Inpatient Hospital Medical/Surgical	Benefit Limited to a Case Rate per Authorized Admission
Outpatient Hospital	Covered (\$3 copay for services that include a professional component)
RHC & FQHC	Covered
Lab & X-ray	Covered
Nurse Practitioner	Covered (\$3 Copay for office visits)
Nursing Facility & Home Health for Beneficiaries 21 and Older	Nursing Facility Rehab-Only Benefit & Home Health Benefit as described in the Coverage Bulletin
EPSDT for beneficiaries Under 21	Well Child, Preventive Services & Immunizations
Family Planning	Covered
Physician	Covered (\$3 Copay for office visits)
Nurse Midwives	(Pregnant women are not covered in this group since they would be eligible for full Medicaid.)
Maternity Services	(Pregnant women are not covered in this group since they would be eligible for full Medicaid.)
Ambulance	Covered
Podiatrist	
Optometrist	Covered (\$3 Copay)
Chiropractor	
Other Practitioner	
Dental	Emergency Services Only (Extractions and related services)
Physical Therapy	Covered
Occupational Therapy	Covered
Speech, Hearing & Language Disorders	Covered

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Prescribed Drugs	Covered (Preferred Drug List & \$5 copay per Rx for preferred drugs/\$10 copay per Rx for non-preferred drugs)
Medical Supplies	Covered
Dentures	
Prosthetic/Orthotics	Covered
Eyeglasses	Covered as described in the provider manual
Hearing Aids	
Diagnostic	Covered
Rehabilitative	Covered
ICF for Mentally Retarded	Covered
Inpatient Psych for Beneficiaries Under 21	Covered
Nursing Facility for Beneficiaries Under 21	
Hospital Emergency Department Services	Covered (\$25 co-pay for services that do not result in an admission)
Personal Care	Covered
Non-Emergency Transportation	
Case Management	
Hospice Care	Covered
Respiratory Care	
Mental Health	Covered (20 outpatient visits provided through HMO; all other services provided through the Community Mental Health Service Program [CMHSP])
Substance Abuse	Covered (Services Provided through the CMHSP)
Managed Care Enrollment	YES in counties with HMOs